

## **Characteristics of the ESRD U.S. Nursing Home Population Using the Minimum Data Set.**

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A growing number of U.S. ESRD patients reside in a nursing home (NH) but their characteristics have never been described. We describe the 1998-2000 prevalent and incident cohorts of NH ESRD patients using the U.S. Minimum Data Set and compare them to the entire USRDS ESRD population. There were 16,408 prevalent ESRD pts (4.8% of USRDS pts) residing in a NH in 1999. After excluding patients residing in the nursing home for less than 3 months total (per CMS definition of 'long-term stay'), or were not present at least 15 days prior to ESRD initiation (for incident pts) or 12/31/1999 (prevalent pts), there were 12,123 'true prevalent' NH ESRD pts in 1999, and 2,188 incident NH ESRD patients. The mean age of the prevalent NH dialysis cohort was 70.4 ±12.2 years, vs. 60 yrs. in the USRDS, and 26.8% were less than 65 yrs old. There was a higher percentage of females in the NH (57.4% vs 45.4% in USRDS). The racial distribution was similar to prevalent ESRD pts in 1999, but primary diagnosis differed: more NH pts had diabetes as primary diagnosis (51.6% vs. 33.6%), and fewer had glomerulonephritis (5.5% vs. 15.9%). Using the MDS diagnoses, 20% of prevalent pts had a diagnosis of Alzheimer's or dementia, 28.7% stroke, 4.3 % bipolar or schizophrenia, 36.5% depression, 38.8% congestive heart failure, 15.5 % COPD, 9.0% cancer, and .32% hospice. Of the combined 1998-2000 incident cohorts, 41.6% were unable to walk and 23.2% unable to transfer from bed to chair independently. NH assessed 54.2% of pts as having moderate to severely impaired decision-making ability, 72.0% were able to recall that they were in a nursing home, and 48.0% had no advanced directives. The overall unadjusted death rate for 1999 period prevalent NH patients followed through 3/31/02 was 62.9 deaths/100 pt yrs, compared to a rate of 17.9/100 pt yrs for the USRDS 1998-2000 period prevalent cohort. The NH ESRD population has very high rates of cognitive impairment and other comorbidities, a very poor prognosis, and low rates of advanced directives completion.